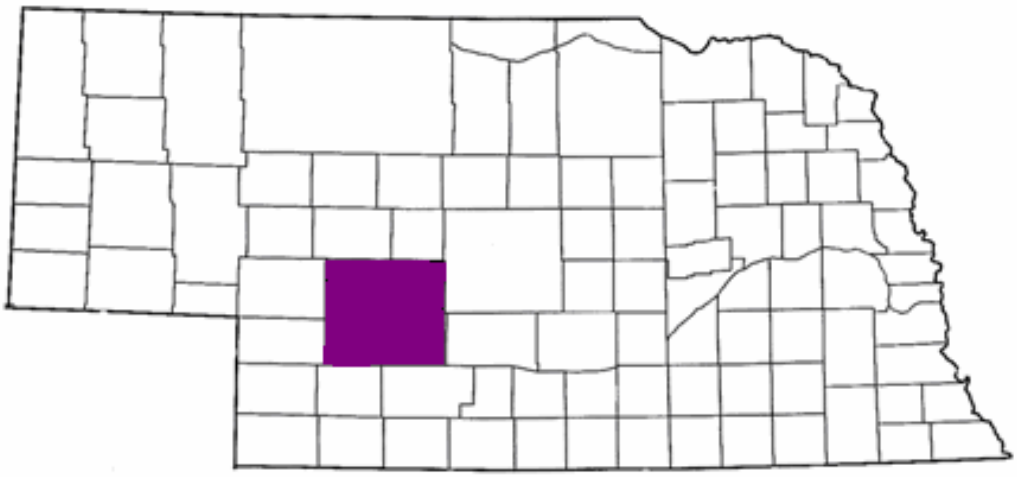
MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

FINDINGS FOR
LINCOLN COUNTY
NEBRASKA



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NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM
DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

LINCOLN COUNTY, NEBRASKA

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

A. BACKGROUND

The elimination of health disparities, a key goal of *Nebraska Healthy People 2010*, offers a significant challenge and a unique opportunity to address the unequal burden of disease and death in Nebraska. Health disparities are the result of differential risk factor exposure and unequal access to health services experienced by various racial and ethnic groups, in addition to gaps in income and education. To address this situation, the Nebraska Health and Human Services System (NHHSS) conducts Minority Behavioral Risk Factor Surveillance Surveys (MBRFSS) in counties with emerging concentrations of ethnic minorities. Lincoln County is one of these counties, as it has a rapidly growing minority population. The total minority population in the county in 2000 was 2,560, representing 7.4% of the total Lincoln County population. In the past decade, the minority population increased at a rate of 32% compared to a 5% increase for the white population. Hispanics/Latinos in Lincoln County accounted for 73% of the county's minority population (U.S. Bureau of the Census, 1990, 2000).

B. PURPOSE

The main purpose of this report is to summarize findings of the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS) for Lincoln County. Findings are reported in the following areas:

a) Lifestyle practices that represent modifiable risk factors such as tobacco, alcohol, physical activity, and weight;
b) Health conditions such as diabetes, hypertension, and asthma;
c) Use of preventive health services; and
d) Access to health care, among other health issues.

The data will assist in identifying areas of health disparities so necessary strategies can be developed to correct them.

C. METHOD

This report is based on the MBRFSS conducted in Lincoln County by the Nebraska Health and Human Services System during the summer and fall of 2003. This household survey was based on a convenience

sample designed to reflect the demographic characteristics of the areas within Lincoln County with the highest concentration of minority populations.

A total of 128 interviews were completed in Lincoln County, primarily among persons of Hispanic/Latino origin. The Midwest Latino Health Research, Training, and Policy Center at the University of Illinois at Chicago, under contract agreement with NHHSS; engaged in data entry, analysis, and interpretation of health data collected for Lincoln County.

D. SELECTED FINDINGS

Socio-demographic Characteristics of the Survey Population

- Survey respondents were Hispanics/Latinos of primarily Mexican origin. In general, respondents were older (average age of 39.8 years), possessed 10.3 years of education, were employed (62.5%), and married or part of an unmarried couple (61.4%).
- About half of the survey population (49.2%) was foreign-born. 31.7% of this group had lived in the community for five years or less, and 50.8% had lived in the U.S. for 11 years or more.
- The average household income was $31,575, with 38.6% of households earning less than $25,000.

Health Status & Use Of Health Services

- About half of the respondents reported their health status as "excellent/very good" (17.2%), or "good" (43.8%).
- 58.6% of the respondents had visited a doctor for a routine check up within the past year. Another 18% of the total respondents saw a doctor two to five years previously.
- 41.4% of the respondents reported a visit to an eye doctor within the past year. Another 49.2% saw the eye doctor two to five years previously.
- Over half of the survey population (55.5%) had visited a dentist within the past year.
- 41.4% of respondents had one to five permanent teeth removed. Almost twelve percent had more than six teeth removed and 1.6% had all teeth removed.
- In the year before the study, the majority of women (79%) had their blood pressure reading checked, as did 42.4% of the men. Among those who had their blood pressure checked, 21.1% had been told by a health professional that they had high blood pressure.

- 88.9% of those with high blood pressure reported controlling it. The most frequent methods used for control were medication (59.1%), diet (31.8%), and physical activity (13.6%).
- The majority (52.3%) of the study population had a blood cholesterol screening. 67.2% said they had their blood cholesterol checked in the past year.
- 32.8% of those who reported having their cholesterol checked had been told by a professional that their blood cholesterol was high.

Chronic Conditions & Use of Health Services

- 27.3% of respondents reported joint pain in the previous year.
- A doctor had told 16.5% of the survey population that they had diabetes or high blood sugar.
- 4.9% of women reported having gestational diabetes.
- A doctor had told 7.8% of all respondents that they had asthma. Of these, 60% reported still having the condition at the time of the survey.

Women's Health

- Most women in the survey (80.6%) said that they had a clinical breast exam some time in their lives, and 80% had one in the previous 12 months.
- 62.9% of the total women in the study said that they performed breast self examination every month.
- Among women 50 years of age or older, 89.5% had a mammogram. 70.6% reported having one in the past 12 months. Most of them (82.4%) did so as part of their routine check up.
- Most women in the study (93.5%) had a Pap smear. 75.9% of them had this test within the past year.
- Of women who had a Pap smear, 81% had it done as part of a routine exam, and 19% had the test performed to check for a problem.
- 16.1% of the female respondents had been pregnant within the previous five years. All reported prenatal care with their most recent pregnancy, and 66.7% of these women visited a doctor or nurse within the first trimester. At the time of this survey, 3.2% of respondents were pregnant.

Children's Health

- 52.3% of the respondents reported having children under the age of 18 living in their home for which they were the primary caretakers. The mean number of children at the time of the survey was 2.

- 50% of the respondents who had children under five years of age (or under 40 pounds of weight) reported "always" using child protective car seats. Another 39.3% reported "nearly always."
- 22.4% of the respondents reported smoking in the house or in the car when the children were present.
- 13.4% of households with children in the survey reported having a child diagnosed with asthma.
- For families with children, 61.2% reported that their children had a routine dental exam at least once per year.
- None of the families with children in the survey had children who had been treated for lead poisoning.
- The majority of respondents (93.2%) who had children two years or older reported that their children had received the recommended four Diptheria-Tetanus-Pertussis (DTP) doses and three doses of polio vaccine, and 96.6% received one dose of Measles-Mumps-Rubella (MMR) vaccine.

Risk Behaviors For Chronic Conditions

Tobacco Use

- Of all respondents, 39.1% reported using tobacco products at the time of the study. The daily smokers averaged 9.1 cigarettes per day. The mean age for onset of smoking was 15.2 years.
- Among daily smokers, one-third reported trying to quit during the previous twelve months for one day or longer.

Alcohol Consumption

- 37.5% of all respondents reported alcohol consumption.
- Among respondents who reported alcohol consumption, the average age at which they started drinking alcohol at least once a week was 17.6 years.
- The mean number of drinks per day was 5.4.
- Respondents who drank alcohol reported they had driven an average of 1.3 times per month after having five or more drinks.

Physical Activity/Exercise

- One-half of the respondents (50.8%) said they were inactive at the time of the study.
- 55 people (43.7% of respondents) stated that they were physically active on a weekly basis.

Overweight & Obesity

- The mean Body Mass Index (BMI) indicates that the survey respondents, on average, were slightly overweight. The mean BMI was 28.1.

- Of all respondents, only 23.4% had “normal” weight, according to the BMI. The rest were mostly overweight or obese.

Seatbelt Use

- 38.4% of the respondents said they "always" wore seatbelts when driving or riding in a car or vehicle.

HIV/AIDS Knowledge

- Most participants had some basic knowledge of HIV/AIDS and its modes of transmission. 10.2% said they were not familiar with HIV/AIDS.
- There were misunderstandings about this condition. For example, 31.3% said mosquito bites pose a high risk for contracting HIV/AIDS. Over one-fourth (26.6%) stated that you can get HIV/AIDS by kissing someone with HIV/AIDS, and another 13.3% said you can contract HIV/AIDS by using the same toilet as someone with HIV/AIDS.

Access to Health Care

- Of all survey respondents, 23.4% did not have health insurance at the time of the study. The main reason mentioned for not having health insurance was “couldn’t afford to pay the premium” (46.7%).
- 54.1% of those with health insurance obtained it through his/her place of employment, and 17.3% through someone else’s employer’s health plan.
- The doctor’s office (76.4%) and the health department or community clinic (16.5%) were most often mentioned sources of regular care.
- In the previous year, 82% of the respondents experienced an episode of illness.

Community & Workplace Concerns or Problems

The community areas or problems that respondents perceived as critical or very important (based on their highest rankings) were:

- Transportation (83.6%),
- Education (82.8%),
- Employment (78.1%),
- At risk youth (74.2%),
- Minority representation in government (70.3%),
- Housing (69.6%),
- Few social or recreational activities (68.7%),
- Discrimination (68%),

- Crime/violence (65.6%).
- Issues of concern in the workplace with the highest ranking included inadequate bathroom/water break (39.5%), no easy access to drinking water (36%), and inadequate training/supervisors (36%).
- Concerns related to the workplace originated in construction (28.3%), meatpacking (17.9%), fieldwork (15.1%), and factories other than meatpacking (11.3%).

E. CONCLUSIONS & RECOMMENDATIONS

- The survey population in Lincoln County consisted of middle-aged adults with an average age of 39.8 years.
- The health of the survey population in Lincoln County varied by gender and by specific health risk factor and/or health condition.
- Due to financial, linguistic, cultural, and institutional barriers, respondents in the survey generally were not accessing the health care system for the use of preventive services (e.g., physical exam, dental and eye care, etc.), or for the treatment of illnesses or chronic conditions, to the degree recommended.

Areas of Disparity

1) Health Problems & the Use of Health Services

- Poor health. The survey indicates the existence of high blood cholesterol (32.8%), high blood pressure (21.1%), sore joints (27.3%), and diabetes (16.5%).
- 82% reported an episode of illness in the past 12 months.
- 39% of those who had an episode of illness in the previous year used the hospital emergency room for treatment.
- 13.4% of the respondents had children with asthma at the time of the survey.
- 38.3% reported their health as "fair/poor," which reinforces the results of the self-perceived health status of the respondents.

2) Lifestyle Practices

- Obesity. 29.8% of the survey population were obese, based on their BMI.
- Physical Activity. Overweight and obesity are associated with the limited physical activity reported by 50.8% of the respondents.

- Seatbelt Use. Findings indicate that only 38.4% of the respondents "always" used seatbelts while driving, and 50% "always" used child safety seats for their children under five years of age.
- Tobacco Products and Alcohol Use. 39.1% of respondents reported using tobacco products at the time of the study, and 37.5% consumed alcohol. The respondents who used tobacco products reported starting at an average age of 15.2. The mean age for starting the use of alcohol once per week was 17.6.

3) Health Knowledge such as HIV/AIDS

- The health education messages on topics such as HIV/AIDS were not reaching the minority communities in Lincoln County, as 10.2% reported not being familiar with HIV/AIDS.

4) Use of Preventive Health Services

- 58.6% of respondents had seen a doctor in the 12 months prior to the study for a routine check up, 41.4% reported seeing an eye doctor, and 55.5% reported seeing a dentist. 60.2% had their blood pressure checked, and 67.2% had their blood cholesterol checked.

5) Access to Health Care

- 23.4% reported not having a regular source of medical care or a medical doctor.
- 23.4% of respondents reported not having health insurance at the time of the study.
- Respondents reported a host of cultural, linguistic, and systemic barriers in accessing health services. Race or ethnicity was reported as a barrier to accessing health care. This is reinforced by the fact that 68% of all respondents perceived social discrimination in general as a critical or very important problem in their community, and 40.6% believed that race or ethnicity was a barrier to receiving health services.
- Most respondents (83.6%) reported that transportation was a critical or very important community problem. 44.5% of respondents reported not being able to go to the doctor due to lack of transportation.

RECOMMENDATIONS

- Mass screening programs for the early detection of health problems.
- Develop partnerships with community based health and human services organizations to implement wellness programs.
- Reinforce preventive measures that discourage the use of alcohol and tobacco.
- Increase community knowledge and awareness about the importance of using car seatbelts.
- The Nebraska Health and Human Services System should work with other government agencies and the private sector to address workplace issues.

CHAPTER I: INTRODUCTION

A. BACKGROUND

The county of Lincoln, like the state of Nebraska[1], has a rapidly growing minority population comprised increasingly by persons of Hispanic/Latino origin. According to the 2000 U.S. Census, the county had a population of 34,632 and was 92.6% white and 7.4% minority. Hispanics accounted for 73% of the total 2,560 minority population while African Americans, Asians, and Native Americans accounted for 7%, 5%, and 7%, respectively, and about 9% were minorities of other racial and ethnic origins. Between 1990 and 2000, the county's population increased by 7%, largely due to the increase of the minority population. While the county's white non-Hispanic population increased by 5%, the minority population increased by 32% in the last decade. Specifically, Hispanics increased by 16%, African Americans by 99%, Asians by 19%, and Native Americans by 46%. While little is known about the health condition of the county's minority groups, ongoing demographic changes in the area will continue to pose a challenge to the county's health services. In order for the Nebraska Health and Human Services System (NHHSS) to achieve the established goal for year 2010 set by the U.S. Surgeon General of zero health disparities between minorities and the white non-Hispanic population, there is a need for more and better data on the diverse minority groups.

During the past fifteen years, NHHSS has conducted Behavioral Risk Factor Surveillance Surveys (BRFSS) to assess the health status of the Nebraska population. Due to the relatively small number of minorities in proportion to the total state population, BRFSS has not been useful in assessing the health status of its minority populations (NHHSS, August 2001). As a result, in 1992, NHHSS created the Minority Behavioral Risk Factor Surveillance Survey (MBRFSS). Preliminary survey results documented the inequalities in the health status of racial and ethnic minorities and have led to new community initiatives to improve the health and quality of life of Nebraska's minority population.

[1] According to the 2000 U.S. Census, the state of Nebraska had a population of 1,711,263 and was 87.3% white and 12.7% minority. Hispanics accounted for 44% of the total 216,769 minority population; and African Americans, Asians, and Native Americans accounted for 31%, 10%, and 6% respectively. Between 1990 and 2000, the state's population increased by 8%. This was due, in part, to the increase of the minority population. While the state's white population increased by 2%, the minority population increased by 83% (Hispanics increased by 155%, African Americans by 19%, Asians by 86%, and Native Americans by 15%).

Table 1.1: Nebraska & Lincoln County Racial & Ethnic Population Composition by Population Count, Percent Distribution, & by Percent Population Growth 1990-2000

Nebraska 2000				Lincoln County 2000			
	Population *	%	% Growth 1990 – 2000		Population *	%	%Growth 1990 – 2000
Total	**1,711,263**	**100.0%**	**8%**	**Total**	**34,632**	**100.0%**	**6.5%**
Whites	1,494,494	87.3%	**2%**	Whites	32,072	92.6%	**4.9%**
Minorities	220,629	11.7%	**83%**	Minorities	2,560	7.4%	**31.5%**
African Americans	68,541	4.0%	**19%**	African Americans	188	0.5%	**98.8%**
Hispanics *	94,425	5.5%	**155%**	Hispanics *	1,880	5.4%	**15.8%**
Native Americans / Alaska Natives	14,896	0.8%	**15%**	Native Americans/ Alaska Natives	175	0.5%	**45.8%**
Asians / Pacific Islanders	22,767	1.3%	**86%**	Asians / Pacific Islanders	137	0.4%	**19%**
Others **	19,023	1.1%	**NA**	Others **	233	0.7%	**NA**

Sources: U.S. Census, 1990 P010. HISPANIC ORIGIN BY RACE – Universe: Persons
Data Set: 1990 Summary Tape file 1 (STF1) – 100-Percent data
U.S. Census, 2000 Table P8. Hispanic or Latino by Race [17] – Universe: Total population
Data Set: Census 2000 Summary File 1 (SF1) 100-Percent Data

Table 1.2: Lincoln County Minority Population, 2000

Minority Population, 2000		
	Nebraska	**Lincoln County**
Minority, Total	**216,769**	**2,560**
Percent/Non-White	**100%**	**100%**
African Americans	31%	7.3%
Hispanics / Latinos*	44%	73.4%
Native Americans/ Alaska Natives	6%	6.8%
Asians / Pacific Islanders	10%	5.4%
Other **	9%	9.1%

Source: U.S. Census, 2000.
Table P8. Hispanic or Latino by Race [17] – Universe: Total Population
Data Set: Census 2000 Summary File 1 (SF1) 100-Percent Data

Table 1.3: Lincoln County Hispanic/Latino Population, 2000

Hispanic / Latino * Population Composition, 2000		
	Nebraska	**Lincoln County**
Hispanics, Total	**94,425**	**1,880**
Percent/Non-White	**100%**	**100%**
Mexicans/Mexican Americans	75.2%	82.0%
Puerto Ricans	2.1%	--
Cubans	0.9%	--
Other Hispanics	21.8%	17.1%

Source: U.S. Census, 2000
Table PCT1. Total population [1] – Universe Total population
Racial or Ethnic Grouping: Hispanic or Latino (of any race);
Mexican; Puerto Rican; Cuban; Other Hispanic or Latino
Data Set: Census 2000 Summary File 2 (SF2) 100-Percent Data

* Totals for all racial groups exclude Hispanics. Hispanics may be of any race.

** *Asians* include: Hawaiian and Pacific Islander.

*** *Others* include: *Other Races* and Two or More Races

- No information available for Puerto Rican and Cuban population in Lincoln County. Values are lower than threshold (100) on Summary File 2.

NHHSS, in partnership with the Nebraska Minority Public Health Association and other key leaders, have produced reports summarizing findings related to MBRFSS based on surveys conducted in selected counties. In April 2001, NHHSS prepared a summary report, *Health Status of Racial and Ethnic Minorities in Nebraska,* as well as a series of fact sheets in 2003 on specific health conditions (e.g., heart disease) confronting racial and ethnic minorities. These reports have brought to public attention the health status of racial and ethnic minorities, and the sense of urgency that exists to addressing their needs. This report for Lincoln County is one of seven new MBRFSS reports that have been prepared based on data collected in selected Nebraska counties during 2002-2003.

B. PURPOSE OF THE REPORT

The purpose of this report is to summarize selected findings of the MBRFSS conducted in Lincoln County, Nebraska in 2003. This report will summarize select socio-demographic characteristics of the minority population, primarily Hispanic, in this target geographic area based on a convenience sample, and provides findings on:

- Health status indicators,
- Preventive health practices,
- Prevalence of chronic conditions,
- Women's health,
- Children's health,
- Personal health habits or lifestyle practices,
- Access and use of health services, and
- Community concerns.

The ultimate goal of this report is to document specific areas of health disparities. To develop and implement the necessary strategies, based on best practices, requires correcting them via a partnership between the public and private sectors, not only in the area of health and human services; but with the active participation of the business, housing, employment, education, and transportation sectors.

CHAPTER II: METHODOLOGY

The Midwest Latino Health, Research, Training, and Policy Center at the University of Illinois at Chicago, under contract agreement with NHHSS, conducted the Nebraska Minority Behavioral Risk Factor Surveillance Survey in seven counties, including Lincoln County; and engaged in data collection, analysis, and interpretation. This chapter briefly describes the survey design, the process followed in accessing the community, sampling and data collection, and the limitations of the survey.

A. SURVEY DESIGN

The survey questionnaire was developed by NDHHS building upon other instruments, specifically those from the Behavioral Risk Factor Surveillance Survey System of the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The survey included questions on the following topics:

- Seatbelt use
- Exercise
- Tobacco use
- Alcohol consumption
- Women's health
- Children's issues (e.g., safety seat use)
- HIV/AIDS knowledge
- Preventive health practices
- Health conditions (diabetes, arthritis, asthma)
- Health care communications
- Types of practitioners utilized
- Health care coverage
- Barriers to health care
- Community concerns
- Demographics

This version of the survey has been used for several years in the State of Nebraska for the general population and racial and ethnic minorities in selected counties.

B. COMMUNITY ENTRY

Contacts were made with community agencies to explain the purpose of the survey of the MBRFSS and to obtain their support and participation. Community interviewers, individuals who were familiar with the Hispanic/Latino community and who are well trusted in the community, were recruited and trained. Face-to-face interviews were conducted during the summer and fall of 2003.

C. ELIGIBILITY

Non-institutionalized persons 18 years and older were eligible to participate in the survey. The survey targeted persons who self-identified as Hispanic/Latino. Respondents were not paid for participating.

D. SAMPLING

The survey used a stratified convenience field sample designed to reflect the demographic characteristics of the areas within Lincoln County with the highest concentration of racial and ethnic minorities. Convenience sampling was chosen because these minority populations live primarily in small, urbanized areas through the county. Face-to-face interviews were conducted. Respondents were stratified by town-city, with quotas by gender and age group, based on Census 2000 data for that county or urbanized area.

Table 2.1: Lincoln County Number of Expected & Obtained Interviews by Age Groups & Gender

Total Interviews	Expected N=125		Obtained N=128	
Age groups	**Males**	**Females**	**Males**	**Females**
18-20 yrs.	5	6	5	6
21-29 yrs.	11	11	12	10
30-39 yrs.	21	18	22	19
40-61 yrs.	20	18	20	19
62+	7	8	7	8
Total	**64**	**61**	**66**	**62**

E. RECRUITMENT & SELECTION OF RESPONDENTS

Subjects were recruited using multiple methods:

1) Congregate points or events were used such as churches, grocery stores, community service organizations, health fairs, community festivals, and sport clubs. Once a person was contacted, they were interviewed onsite (if there was time and privacy) or by appointment at a safe location.
2) Door-to door canvassing was used to identify subjects in areas with small clusters of population.

Every individual or household that was contacted was also screened. Once an eligible person was identified, their cooperation was solicited. First, the interviewer introduced him or herself and explained the purpose of the survey and its usefulness. Second, they determined the eligibility of the person based on the quota. When approaching a household, an interviewer may have found more than one person who met the

eligibility criteria. The person who most recently celebrated a birthday was selected. Once eligibility was determined, consent to participate in the study was secured. The interviewer read the *Consent to Participate in an Interview* form in the preferred language and had the respondent sign it. The interviewer countersigned the form and began the interview.

F. DATA COLLECTION & EDITING

Local bilingual interviewers were recruited and trained by a team from the University of Illinois at Chicago Midwest Latino Health Research, Training, and Policy Center on the purpose of the survey, the sampling procedure to be followed, and on the content of the questionnaire. A local field coordinator supervised and monitored the quality of data collection and arranged to pick up surveys regularly. A total of 128 interviews were completed in Lincoln County, 53.9% of which were conducted in Spanish.

G. DATA ANALYSIS

The *Statistical Package for Social Sciences* (SPSS) was used for the development of the database and for data analysis. Frequency distributions were used for data cleaning, and cross-tabulations were conducted for data analysis and used for descriptive purposes.

H. STUDY LIMITATIONS

Limitations may include, but are not limited to; data interviewer errors, survey errors, and the use of convenience sampling. The data collection targeted only Hispanics/Latinos living in Lincoln County. Therefore, findings cannot be generalized to all residents of Lincoln County. The data collected is based on a quota-based convenience sample; therefore, the certainty of the findings, and the level of extrapolation that can be made based on such findings is more limited than if the survey had been conducted using a probability sampling design. Furthermore, MBRFSS contained some questions translated into Spanish that may have different meanings than those intended in the original questions.

CHAPTER III: SELECTED FINDINGS FROM THE LINCOLN COUNTY MINORITY BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

This chapter provides selected results of the MBRFSS for Lincoln County. It includes:

a) The respondent's demographic characteristics;
b) Health status, including chronic conditions and use of preventive health services;
c) Women's health;
d) Children's health;
e) Behavioral risk factors;
f) HIV/AIDS knowledge;
g) Access to health care;
h) Community concerns;
i) Workplace concerns.

Most of the findings were analyzed and presented in tables by gender.

A. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

A total of 128 interviews were completed in Lincoln County.

1) Gender & Age

- 48.4% of survey respondents were female.
- The average age for all respondents was 39.8 years.

2) Race

With respect to self-perceived race, 44.5% identified themselves as "White," 18.8% "multiracial," 27.3% "other," and 7.8% said they did not know what category they fell into.

3) Residence in the United States

- 49.2% of the respondents were foreign-born.
- Immigrant respondents reported living a mean of 14.4 years in the United States.
- 20.6% reported living in the U.S. five years or less, and 50.8% had lived in the U.S. over 11 years.

4) Hispanic/Latino National Origin

- The predominant Hispanic ethnic group was Mexican (81.3%), followed by Guatemalan (5.5%), Salvadorian (4.7%), Cuban (1.6%), and Puerto Rican (1.6%).
- 4.7% either reported a different Hispanic/Latino national origin, or did not specify one.

Table 3.1: Lincoln County Socio-Demographic and Economic Characteristics, 2003

	66 Male	62 Female	128 Total
Sex (%)	51.6	48.4	
Age (%)	**66**	**62**	**128**
18 to 24	16.7	16.1	16.4
25 to 34	28.8	25.8	27.3
35 to 44	27.3	21.0	24.2
45 to 54	12.1	16.1	14.1
55 or more	15.2	21.0	18.0
	66	**62**	**128**
Mean Age	38.8	40.7	39.8
Self Reported Race (%) *(except Hispanic/Latino)*	**66**	**62**	**128**
White	42.4	46.8	44.5
Native American	0.0	0.0	0.0
Other	28.8	25.8	27.3
Multiracial	18.2	19.4	18.8
Don't know/Not sure	9.1	6.5	7.8
Refused	0.0	0.0	0.0
Place of Birth (%)	**66**	**62**	**128**
USA	53.0	48.4	50.8
Not Born in USA	47.0	51.6	49.2
(If Not born in USA)	**31**	**32**	**63**
Mean years in the USA	15.2	13.6	14.4
Years in the USA (%)			
0 to 2	3.2	18.8	11.1
3 to 5	19.4	21.9	20.6
6 to 10	25.8	9.4	17.5
11 or more	51.6	50.0	50.8

	Male	Female	Total
Race/Ethnicity (%)	**66**	**62**	**128**
Hispanic	100.0	100.0	100.0
Native American	0.0	0.0	0.0
Hispanic origin (%)	**66**	**62**	**128**
Mexican	80.3	82.3	81.3
Cuban	3.0	0.0	1.6
Puerto Rican	1.5	1.6	1.6
Salvadorian	6.1	3.2	4.7
Guatemalan	4.5	6.5	5.5
Other Latino / Not specified	4.5	4.8	4.7
Marital Status (%)	**66**	**62**	**128**
Married/unmarried couple	72.7	59.7	61.4
Divorced	4.5	3.2	5.9
Widowed	4.5	9.7	1.7
Separated	6.1	3.2	9.2
Never Married	12.1	24.2	21.8
Educational Attainment (%)	**66**	**62**	**128**
Elementary school or less	19.7	22.6	21.1
Some high school	43.9	27.4	35.9
High school graduate/GED	27.3	35.5	31.3
Some tech. school or college	4.5	3.2	3.9
Technical School Graduate	3.0	1.6	2.3
College Graduate	1.5	6.5	3.9
Postgraduate/Prof. degree	0.0	3.2	1.6
	66	**62**	**128**
Mean years of education	10.1	10.6	10.3

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

5) Marital Status

- 61.4% of respondents identified themselves as either married or a part of an unmarried couple. Among the other respondents, 21.8% had never been married, 9.2% were separated, 5.9% were divorced, and 1.7% were widowed.

6) Educational Attainment

- The average level of education of survey respondents was 10.3 years.
- 21.1% of respondents had less than an 8th grade education, and 31.3% reported completing high school or its equivalent.

7) Employment & Type of Work in Country of Origin

- The majority of the respondents reported being employed (62.5%). A greater proportion of males were employed (80.3%) than females (43.5%).
- Of the 48 persons who were not employed, 68.9% were homemakers and 15.6% were unable to work due to disability, and 15.6% were retired.
- Of the unemployed, 33.3% reported actively seeking employment.
- 17.3% of the immigrant respondents worked in construction and 6.3% worked in meatpacking.
- 21% of the immigrants worked in agriculture or performed field work in their country of origin.

Table 3.2: Lincoln County Demographic and Economic Characteristics, 2003

	66	62	128				
	Male	Female	Total		Male	Female	Total
Employed (%)							
Yes	80.3	43.5	62.5	**Household with children < 18**	**66**	**62**	**128**
No	19.7	56.5	37.5	% of Total	53.0	51.6	52.3
(If No)				...by marital status (%)	**35**	**32**	**67**
Reasons for unemployment (%)	**28**	**35**	**63**	Married	51.4	59.4	55.2
Homemaker	30.0	80.0	68.9	Divorced	2.9	6.3	4.5
Student	0.0	0.0	0.0	Widowed	0.0	0.0	0.0
Unable to work	20.0	14.3	15.6	Separated	5.7	3.1	4.5
Retired	50.0	5.7	15.6	Single	5.7	21.9	13.4
				Unmarried couple	34.3	9.4	22.4
Seeking employment (%)	**11**	**28**	**39**				
Yes	54.5	25.0	33.3		**66**	**61**	**127**
No	45.5	75.0	66.7	**Mean Annual Income**	31,970	31,148	31,575
Length of time unemployed (%)	**5**	**21**	**26**	**Annual household Income** (%)			
Less than 1 month	0.0	0.0	0.0	Less than $10,000	3.0	8.2	5.5
1 to 3 months	0.0	14.3	11.5	$10,000 - $24,999	34.8	31.1	33.1
4 to 6 months	0.0	4.8	3.8	$25,000 - $39,999	33.3	29.5	31.5
7 months to 1 year	0.0	4.8	3.8	$40,000 or more	28.8	31.1	29.9
More than 1 year	20.0	28.6	26.9				
Refused	0.0	0.0	0.0				

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

8) Household Composition

- 52.3% of all the respondents said that they had children at home for whom they were responsible.
- Of all the persons who reported having children at home, 55.2% were married, 22.4% were part of an unmarried couple, and 13.4% were single.

9) Annual Income

The annual household income distribution (from all sources before taxes) was as follows:

- 5.5% of the respondents said they earned less than $10,000
- 33.1% reported earning between $10,000 and $24,999
- 31.5% reported earning between $25,000 and $39,999
- 29.9% earned more than $40,000.

B. HEALTH STATUS & USE OF PREVENTIVE HEALTH SERVICES

Regular annual preventive care is considered essential for the early detection and treatment of chronic diseases. The MBRFSS included a number of questions related to preventive health services. They included perceived health status, percentage and frequency of preventive, routine physical examinations, percentage and frequency of eye and dental examinations, blood pressure, and cholesterol screening and use of services. The findings on these health status indicators are described below.

1) Self-Perceived Health Status

Generally, self-reported health status is a strong indictor of a person's health status. Results reflect age and the presence or absence of chronic diseases and disability. In the aggregate, self-reported health status reflects the well being of the community.

- Most respondents reported their health status as "excellent/very good" (17.2%) or "good" (43.8%).
- 38.3% reported their health as "fair/poor."

2) Routine Check Up

- 58.6% of the respondents had visited a doctor for a routine check up within the past year, including a larger percentage of females (71%) than males (47%).
- 18% reported going more than twenty-five months without a physical exam.

3) Eye Care

- 41.4% of the respondents had visited an eye doctor within the past year. 6.3% had never seen an eye doctor.

4) Dental Care

- Of the respondents, 55.5% said they had seen a dentist within the past year, and 26.6% more than two years prior to the study. A larger percentage of women (58.1%) than men (53%) had seen the dentist in the past year.
- 41.4% said they had between one and five permanent teeth removed because of tooth decay or gum disease.
- 11.7% of the respondents had six or more teeth (but not all) removed, and 1.6% had all their teeth removed.
- 45.3% of the survey population had never had a permanent tooth removed. This was true for a larger percentage of women (46.8%) than men (43.9%).

5) Blood Pressure Screening & Use of Services

Hypertension (high blood pressure) is a risk factor associated with heart disease, stroke, kidney disease, and diabetes.

- 60.2% of the respondents had their blood pressure checked by a doctor, nurse, or other health professional within the past year. A greater proportion of women (79%) than men (42.4%) had their blood pressure checked in the past year.
- 15.6% reported that they had their blood pressure checked two or more years before the study.
- Among those who had their blood pressure checked, 21.1% had been told by a health professional that they had high blood pressure.
- Of those told they had high blood pressure (n=27), 25.9% had been told only once that their blood pressure was high, and 74.1% had been told more than once.
- Among the respondents reporting hypertension, the methods most often used for controlling high blood pressure were medication (59.1%), diet (31.8%), and exercise (13.6%).

Table 3.3: Lincoln County Health Status & Use of Health Services, 2003

	66 Male	62 Female	128 Total
Self-Reported Health Status (%)			
Excellent/Very Good	19.7	14.5	17.2
Good	51.5	35.5	43.8
Fair/Poor	27.3	50.0	38.3
Time since last visit to Medical Doctor for a routine checkup (%)			
Less than 1 year (0 to 12 months)	47.0	71.0	58.6
1-2 years (13 to 24 months)	18.2	17.7	18.0
2+ years (25+ months)	25.8	9.7	18.0
Never	6.1	1.6	3.9
Time since last visit to Eye Doctor (%)			
Less than 1 year (0 to 12 months)	40.9	41.9	41.4
1-2 years (13 to 24 months)	22.7	25.8	24.2
2+ years (25+ months)	21.2	29.0	25.0
Never	10.6	1.6	6.3
Time since last visit to the Dentist (%)			
Less than 1 year (0 to 12 months)	53.0	58.1	55.5
1-2 years (13 to 24 months)	19.7	11.3	15.6
2+ years (25+ months)	24.2	29.0	26.6
Never	0.0	0.0	0.0
Number of permanent teeth have been removed due decay or gum disease (%)	**66**	**62**	**128**
1 to 5	45.5	37.1	41.4
6 or more but not all	10.6	12.9	11.7
All 32	0.0	3.2	1.6
None (teeth not removed by dentist)	43.9	46.8	45.3
Don't Know/Refused	0.0	0.0	0.0

HYPERTENSION/HIGH BLOOD PRESSURE	Male	Female	Total
Last time checked for High Blood Pressure (%)	**66**	**62**	**128**
Less than 1 year (0 to 12 months)	42.4	79.0	60.2
1-2 years (13 to 24 months)	15.2	9.7	12.5
2+ years (25+ months)	24.2	6.5	15.6
Never	18.2	4.8	11.7
Ever told had High Blood Pressure (%)	**66**	**62**	**128**
Yes	18.2	24.2	21.1
No	75.8	72.6	74.2
(If Yes)			
Number of times was told Blood Pressure was high (%)	**12**	**15**	**27**
Only Once	33.3	20.0	25.9
More than once	66.7	80.0	74.1
Controlling High Blood Pressure (%)	**12**	**15**	**27**
Yes	83.3	93.3	88.9
No	8.3	6.7	7.4
(If Yes)			
Controlling with (%)	**7**	**15**	**22**
(Multiple Responses Allowed)			
Medication	85.7	46.7	59.1
Exercise	14.3	13.3	13.6
Diet	14.3	40.0	31.8
Other	0.0	6.7	4.5

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

6) Blood Cholesterol Screening & Use of Services

High blood cholesterol is a risk factor for heart disease, stroke, and other circulatory problems.

- 52.3% of the respondents said that they had their blood cholesterol checked. This was true for a greater proportion of women (54.8%) than men (50%). Of these, 67.2% had their cholesterol checked in the past year.
- Of those who had their cholesterol checked, a professional had told 32.8% that their blood cholesterol was high. This includes 38.2% of women and 27.3% of men.

Table 3.4: Lincoln County Preventive Health Practices, 2003

	66 Male	62 Female	128 Total
BLOOD CHOLESTEROL			
Has ever checked for Blood Cholesterol (%)			
Yes	50.0	54.8	52.3
No	47.0	45.2	46.1
(If Yes)			
Last time checked for Blood Cholesterol (%)	33	34	67
Less than 1 year (0 to 12 months)	57.6	76.5	67.2
1-2 years (13 to 24 months)	30.3	14.7	22.4
2+ years (25+ months)	12.1	8.8	10.4
Told had High Blood Cholesterol by health professional (%)	33	34	67
Yes	27.3	38.2	32.8
No	69.7	61.8	65.7
SORE JOINTS			
Has had pain or swelling in joint during last year (%)	66	62	128
Yes	28.8	25.8	27.3
No	71.2	72.6	71.9
(If Yes)			
Joint pain persisted for 15 days or more (%)	19	16	35
Yes	42.1	50.0	45.7
No	57.9	50.0	54.3

	Male	Female
DIABETES		
Ever told had diabetes or high blood sugar by health provider (%)	66	62
Yes	12.1	21.3
Yes (female, only during pregnancy)	--	4.9
No	84.8	73.8
(If Yes or Yes during pregnancy)	8	15
Not controlling diabetes (%)	12.5	0.0
Controlling with (%)	7	15
(Multiple Responses Allowed)		
Insulin	13.3	40.0
Oral medications	85.7	46.7
Exercise	14.3	13.3
Diet	14.3	40.0
Other	0.0	6.7
Last time saw a Doctor for diabetes (%)	8	15
Less than 1 year (0 to 12 months)	87.5	93.3
1-2 years (13 to 24 months)	0.0	6.7
2+ years (25+ months)	0.0	0.0
Never	12.5	0.0
ASTHMA		
Ever told has asthma (%)	66	62
Yes	7.6	8.1
No	90.9	90.3
(If Yes)		
Still has asthma (%)	5	5
Yes	60.0	60.0
No	20.0	40.0

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

C. CHRONIC CONDITIONS & USE OF HEALTH SERVICES

This section reports findings on the prevalence of three common chronic and disabling conditions: joint pain, diabetes, and asthma.

1) Joint Pain

Arthritis is a chronic condition characterized by pain, aching, and stiffness or swelling in or around a joint.

- During the past 12 months, joint pain was reported by 27.3% of the total survey respondents. Of these, 45.7% reported those symptoms present for 15 or more consecutive days.
- A larger percentage of men than women reported sore joints (28.8% vs. 25.8%).

2) Diabetes

Diabetes is a chronic condition characterized by high levels of blood sugar. Gestational diabetes is the result of hormonal changes during pregnancy. It generally disappears after pregnancy, but can result in the

development of diabetes within 5 to 10 years if diabetes risk factors are not reduced. Diabetes affects most organs and the circulatory system; resulting in complications to the heart, retinas, kidneys, feet, and skin (CDC, 2003). This survey assessed diabetes prevalence and self-management.

- Among those with diabetes, their methods for controlling the disease were oral medication (59.1%), insulin (31.8%), diet (31.8%), and exercise (13.6%).
- Of those with diabetes, 91.3% had a diabetes check up within the past year.

3) Asthma

Asthma is a chronic respiratory disorder which tends to develop in childhood.

- 7.8% of the respondents had been told by a doctor that they had asthma. The percentage was slightly higher for women (8.1%).

D. WOMEN'S HEALTH

This section summarizes the findings corresponding to women's health practices. They include clinical breast examination, use of mammography, Pap smears, pregnancy status, and smoking during pregnancy.

1) Breast Examination

- Of the 62 female respondents, 80.6% said they had a clinical breast exam.
- Of those who had a clinical breast exam (n=51), 80% had one within the past year, 8% one to two years previous, and 12% more than two years before the study.
- 62.9% said they practiced breast self examination every month.

2) Mammograms

- Among women over age 50, 89.5% had a mammogram.
- Among all women in the survey, 70.6% reported having a mammogram in the past year, and 17.6% had one two or more years prior.

3) Pap Smear

Pap smears are used for the early detection of cervical cancer, for which Hispanic/Latino women have higher rates and poorer outcomes compared to other racial and ethnic groups (American Cancer Society, 2003).

- Among female respondents, the majority (93.5%) had a Pap smear.

- Among those who had a Pap smear, 75.9% had this test within the past year, and 13.8% one to two years prior to the study.
- 81% of women who had a Pap smear had it done as part of a routine exam, and 19% had the test done to check for a problem.

Table 3.5: Lincoln County Women's Health, 2003

	62		
Has ever had a clinical breast exam (%)	**62**	*(If Had a Pap Smear = Yes)*	
Yes	80.6	**Last time had Pap smear** (%)	**58**
No	19.4	Less than 1 year (0 to 12 months)	75.9
		1-2 years (13 to 24 months)	13.8
(If Yes)		2+ years (25+ months)	10.3
Last time had clinical breast exam (%)	**50**		
Less than 1 year (0 to 12 months)	80.0	**Reason for Pap smear** (%)	**58**
1-2 years (13 to 24 months)	8.0	Routine exam	81.0
2+ years (25+ months)	12.0	Check problem	19.0
		Other	0.0
Engages in breast self examination (%)	**62**		
Yes	62.9	**Last Pap smear in the past year** (%)	**58**
No	37.1	for women 45y. or less	75.7
		for women 46y. or more	76.2
Has ever had a mammogram (age >=50) (%)	**19**		
Yes	89.5	**Last Pap smear in the past 2+ years** (%)	**58**
No	10.5	for women 45y. or less	24.3
		for women 46y. or more	23.8
(If Yes)			
Last time had mammogram (%)	**17**	**Has been pregnant in the past 5 years** (%)	**62**
Less than 1 year (0 to 12 months)	70.6	Yes	16.1
1-2 years (13 to 24 months)	11.8	Yes, currently pregnant	3.2
2+ years (25+ months)	17.6	No	80.6
Reason for the mammogram (%)	**17**	*(If Yes or Yes, currently pregnant)*	
Routine Checkup	82.4	**First visit to Doctor during pregnancy** (%)	**12**
Breast problem other than cancer	11.8	Before the 3rd month	66.7
Had breast cancer	0.0	3rd month	25.0
		4th month	0.0
Has ever had a Pap smear (%)	**62**	5th month	8.3
Yes	93.5	6th month	0.0
No	4.8	7th month	0.0
		Smoked during pregnancy (%)	**12**
		Yes	0.0
		No, I wasn't a smoker	91.7
		No, I quit because of my pregnancy	8.3

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

4) Pregnancy

Hispanic/Latino women are characterized as having high fertility rates. In Nebraska, Hispanics/Latinos accounted for almost 10% of births, but represent only about 4% of the female population (NHHSS, 2001).

- 16.1% of the respondents had been pregnant within the past five years. At the time of this survey, 3.2% were pregnant.
- With their most recent pregnancy, 66.7% of these women first visited a doctor or nurse during the first trimester, and 25% did so in their third month.

E. CHILDREN'S HEALTH

1) Age Distribution of Children in Households

- 52.3% of the respondents reported having children under the age of 18 living in their home for which they were the primary caretakers. The mean number of children in the home was 2.
- 28.4% of the households had at least one child under the age of one year.
- 32.8% reported having at least one child between one and four years of age.
- 29.9% of the households reported having children between five and nine years of age.
- 37.3% reported having children between 10 and 12 years of age.
- 28.4% reported having children between 13 and 15 years of age.
- 28.4% reported having children that were 16 and 17 years of age.

2) Protective Car Seats

For injury prevention in motor vehicle crashes, Nebraska law requires the use of protective car seats for children. In Lincoln County, we found that:

- "Always" use of child protective car seats was reported by 50% of the respondents who had children under five years of age (or under 40 pounds of weight).
- A greater percentage of women reported "always" using child protective car seats for their children (75%) than men (31.3%).

3) Exposure to Environmental Tobacco Smoke

- 22.4% of the parents reported that someone smoked in the house or in the car when the children were present. A larger proportion of men (31.4%) than women (12.5%) reported this behavior.
- 73.1% of the respondents said they did not smoke around their children.

4) Asthma, Dental Care, & Lead Poisoning

- Among respondents who had children living at home, 13.4% reported having a child with asthma.
- A routine dental exam at least once per year for the household children was reported by 61.2%.
- Survey respondents stated that none of their children had been treated for lead poisoning.

5) Vaccinations

Vaccinations are important for the prevention of a series of life threatening or disabling infections, particularly among younger children. The survey findings related to the vaccination status of children two years of age or older are as follows:

- Almost all survey respondents with children (93.2%) reported that their children had received four Diphtheria-Tetanus-Pertussis (DTP) doses and three doses of polio vaccine.
- 96.6% reported that their children received one dose of Measles-Mumps-Rubella (MMR) vaccine.

Table 3.6: Lincoln County Children's Health, 2003

	66 Male	62 Female	128 Total
Has children with less than 18 years of age (%)	**66**	**62**	**128**
Yes	53.0	51.6	52.3
No	47.0	48.4	47.7
(If Yes)	**35**	**32**	**67**
Mean Number of children	1.9	2.1	2.0
Age groups (%)			
Under 1 year of age	34.3	21.9	28.4
1 to 4 years of age	28.6	37.5	32.8
5 to 9 years of age	22.9	37.5	29.9
10 to 12 years of age	37.1	37.5	37.3
13 to 15 years of age	28.6	28.1	28.4
16 to 17 years of age	28.6	28.1	28.4
Uses a car or booster seat for children < 5 (%)	**16**	**12**	**28**
Always	31.3	75.0	50.0
Nearly always	56.3	16.7	39.3
Sometimes	6.3	0.0	3.6
Seldom	6.3	8.3	7.1
Never	0.0	0.0	0.0
Smokes at home or car when children are present (%)	**35**	**32**	**67**
Yes	31.4	12.5	22.4
Yes, but not around the children	5.7	0.0	3.0
No	62.9	84.4	73.1

	Male	Female	Total
(If Has Children <18 = Yes)			
Has children with asthma (%)	**35**	**32**	**67**
Yes	14.3	12.5	13.4
Your children visit the dentist once per year (%)	**35**	**32**	**67**
Yes	57.1	65.6	61.2
Had your children ever treated for lead poisoning (%)	**35**	**32**	**67**
Yes	0.0	0.0	0.0
Complete vaccinations for your child (> 2yrs) (%)	**33**	**26**	**59**
Four DTP shots	87.9	100.0	93.2
Three doses of Polio Vaccine	87.9	100.0	93.2
One dose of MMR	93.9	100.0	96.6
(If Not Complete vaccinations)			
Primary reason why child did not receive immunizations (%)	**4**	**0**	**4**
Too expensive	0.0	0.0	0.0
Vaccination service not available	25.0	0.0	12.5
Don't know/Not sure	25.0	0.0	12.5
Other	0.0	0.0	0.0
Refused	25.0	0.0	12.5
No reason	25.0	0.0	12.5

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

F. BEHAVIORAL RISK FACTORS FOR CHRONIC DISEASE

This section summarizes data on risk factors that are major preventable contributors to chronic diseases and their complications.

1) Tobacco Use

Tobacco smoking is a major preventable risk factor for cancer, heart disease, lung disease, and circulatory complications.

- 39.1% of respondents reported currently using tobacco products. This percentage was considerably higher among males (54.5%) than females (22.6%).
- Among tobacco users, 11.7% said they smoked "every day" and 27.3% said they smoked "some days."
- The daily smokers averaged 9.1 cigarettes per day. The average number of cigarettes was lower for women (8).
- On average, daily smokers started smoking when they were 15.2 years old.
- 33.3% of the respondents had tried to quit during the previous twelve months for one day or longer.

2) Alcohol Consumption

Excessive and/or inappropriate alcohol consumption may lead to short term behavioral problems such as alcohol-related motor vehicle crash injuries, interpersonal violence, alcohol poisoning, and alcohol addiction; with many economic, family, and social consequences. In the long term, it leads to cirrhosis of the liver, heart damage, and dementia. The findings from the Lincoln County MBRFSS indicate the following:

- 37.5% of the respondents reported alcohol consumption in the previous month. The percentage was higher for males (57.6%) than females (16.1%).
- On occasions when they drank, respondents consumed an average of 5.4 drinks. Females reported drinking 5 drinks, and males reported having 5.5 drinks.
- Respondents were, on average, 17.6 years old when they began having a drink at least once per week.
- During the previous year, respondents reported driving 1.3 times after having consumed at least five drinks. Males reported this behavior more frequently, 1.5 times compared to 0.6 reported by females.

Table 3.7: Lincoln County Use of Tobacco & Alcohol Consumption, 2003

	66 Male	62 Female	128 Total
Uses tobacco products			
Yes	54.5	22.6	39.1
No	45.5	77.4	60.9
Frequency of smoking			
Every day	16.7	6.5	11.7
Some days	37.9	16.1	27.3
Not at all	45.5	77.4	60.9
(If Frequency os Smoking = Every day)			
Mean number of cigarettes smoked per day	11 9.5	4 8.0	15 9.1
Mean age started smoking daily	11 14.6	4 17.0	15 15.2
Tried to quit smoking (For 1 day or longer in the past 2 months)	11 36.4	4 25.0	15 33.3
Consumes alcohol	66	62	128
Yes	57.6	16.1	37.5
Yes, but not regularly	9.1	16.1	12.5
Not at all	31.8	67.7	49.2

	Male	Female	Total
(If Consumes Alcohol = Yes)			
Mean number of drinking days per week	38 2.0	10 1.6	48 1.9
Mean age started drinking once per week	38 17.3	9 19.0	47 17.6
On a drinking day, mean number of drinks	38 5.5	9 5.0	47 5.4
Mean number of days when had 5+ drinks	37 2.9	9 6.1	46 3.6
Mean number of days when drove after having 5+ drinks	35 1.5	9 0.6	44 1.3
Tobacco and Alcohol consumption *Mutually exclusive groups* (*)	65	62	127
Both alcohol and tobacco	46.2	11.3	29.1
Alcohol Only	21.5	21.0	21.3
Tobacco Only	9.2	11.3	10.2
Neither	23.1	56.5	39.4

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

3) Exercise

Exercise is defined as any physical activity (any movement that burns calories) that follows a planned schedule and format. It must be intentional and regular. Standards now call for at least 150 minutes per week of exercise (30 minutes per day). The survey respondents were asked whether during the past month, they participated in any physical activities like running, calisthenics, golf, gardening, sports, dancing, or walking for exercise. The results were as follows:

- 49.3% of the respondents said they participated in regular physical activity, and 50.8% were inactive. A greater percentage of men (58.5%) than women (42.6%) reported being inactive.

4) Obesity

Obesity is a major risk factor for chronic diseases such as heart disease, stroke, and diabetes, among others. In the survey, respondents were asked to report their weight and height. As a result, a Body Mass Index (BMI) was estimated (weight in kilo/height in meters^2).

- Based on the BMI, 23.4% of the respondents had a normal weight with scores ranging between 18.5 and 24.9. Most of the rest of the respondents were either overweight or obese.

5) Seatbelt Use

- Only 38.4% of the respondents said they "always" wore seatbelts when driving or riding in a car or vehicle. Men were less likely than women to report "always" using seatbelts (25.8% and 52.5%, respectively.)

Table 3.8: Lincoln County Risk Factors: Exercise, Obesity, & Seatbelt Use, 2003

	Male	Female	Total
	66	62	128
Any physical activity in the past month (%)			
Yes	41.6	57.4	49.3
No	58.5	42.6	50.8
Frequency of any physical/past month (%)			
Weekly	38.5	49.2	43.7
Monthly	3.1	8.2	5.6
No Activity	58.5	42.6	50.8
(If Physical Activity = Yes)	27	36	63
Mean # times activity was performed in the last month			
	26	30	56
(If Frequency = Weekly)	3.6	4.0	3.8
	2	5	7
(If Frequency = Monthly)	2.5	3.2	3.0
Mean # minutes per exercise session			
	26	30	56
(If Frequency = Weekly)	81.3	73.8	77.3
	2	5	7
(If Frequency = Monthly)	150.0	77.0	97.9

		Male	Female	Total
Obesity				
Body Mass Index (BMI)		64	60	124
Mean BMI		29.1	27.0	28.1
Categorized BMI (%)				
Underweight	< 18.5 Kg/m^2	0.0	1.7	0.8
Normal weight	18.5 - 24.9 Kg/m^2	14.1	33.3	23.4
Overweight	25 - 29.9 Kg/m^2	48.4	43.3	46.0
Obesity (Class 1)	30 - 34.9 Kg/m^2	34.4	15.0	25.0
Obesity (Class 2)	35 - 39.9 Kg/m^2	3.1	5.0	4.0
Extreme Obesity (Class 3)	>= 40 Kg/m^2	0.0	1.7	0.8
Seat Belt Use				
How often do you use seat belts (%)		66	59	125
(Only for those who drive or ride in a car)				
Always		25.8	52.5	38.4
Nearly always		36.4	22.0	29.6
Sometimes		22.7	13.6	18.4
Seldom		9.1	10.2	9.6
Never		6.1	1.7	4.0

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

6) HIV/AIDS Knowledge

Knowledge about HIV infection is the first step to protecting oneself from acquiring HIV/AIDS, a condition that represents a leading cause of death for ethnic minorities.

- 53.9% of the respondents believed that HIV is the same as AIDS.

- Few people in the survey (10.2%) reported not being familiar with HIV/AIDS.
- 85.8% knew that a pregnant woman who has HIV may transmit the virus to her unborn baby. 90.2% of women knew of this mode of transmission, compared to 81.8% of men.
- 89.1% of the respondents believed that sharing needles through intravenous drug use poses a high risk for contracting HIV.
- 89.1% believed that being sexually active with more than one partner and not using a condom poses a high risk. Most women gave a correct response to this statement (93.5%).
- 26.6% believed that kissing a person with AIDS on the lips poses a high risk.
- 31.3% said that mosquito bites put them at risk for contracting HIV, including 38.7% of females and 24.2% of males. 32% did not know or were not sure.
- Using the same toilet as a person with AIDS is risky, according to 13.3% of the respondents. 54.7% said that this is not so, and 32% said that they were not sure.

Table 3.9: Lincoln County HIV/AIDS Knowledge, 2003

		66 Male	62 Female	128 Total
% Who thinks the HIV is the same as AIDS		56.1	51.6	53.9
% Who are not familiar with HIV/AIDS		13.6	6.5	10.2
Knowledge of High Risk categories for contracting HIV/AIDS				
		66	**61**	**n**
Pregnant woman with HIV can transmit the virus to unborn baby (%)				
(Correct Answer)	Yes	81.8	90.2	85.8
	No	0.0	1.6	0.8
	Don't Know/ Not Sure	18.2	8.2	13.4
	Refused	0.0	0.0	0.0
Sharing needles through intravenous drug use (%)				
(Correct Answer)	Yes	89.4	88.7	89.1
	No	0.0	0.0	0.0
	Don't Know/ Not sure	10.6	11.3	10.9
	Refused	0.0	0.0	0.0
Sexually active with more than one partner and not using condom (%)				
(Correct Answer)	Yes	84.8	93.5	89.1
	No	3.0	1.6	2.3
	Don't Know/ Not sure	12.1	4.8	8.6
	Refused	0.0	0.0	0.0

		Male	Female	Total
		66	**62**	**128**
Kissing a person with AIDS (on the lips) (%)				
	Yes	22.7	30.6	26.6
(Correct Answer)	No	48.5	50.0	49.2
	Don't Know/ Not sure	28.8	19.4	24.2
	Refused	0.0	0.0	0.0
Mosquito bites (%)				
	Yes	24.2	38.7	31.3
(Correct Answer)	No	39.4	33.9	36.7
	Don't Know/ Not sure	36.4	27.4	32.0
	Refused	0.0	0.0	0.0
Using the same toilet as a person with AIDS (%)				
	Yes	10.6	16.1	13.3
(Correct Answer)	No	50.0	59.7	54.7
	Don't Know/ Not sure	39.4	24.2	32.0
	Refused	0.0	0.0	0.0
Categorized knowledge about HIV/AIDS transmission				
Low knowledge		56.1	50.0	53.1
High knowledge		43.9	50.0	46.9

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

G. ACCESS & USE OF HEALTH SERVICES

This section reports on the access and use of health services including health insurance coverage, medical care insecurity (lack of insurance), the extent of medical insurance coverage, and whether respondents have a regular source of health care. Help-seeking behaviors and barriers to health care are also discussed.

Table 3.10: Lincoln County Health Care Coverage & Access to Health Care, 2003

	66 Male	62 Female	128 Total
Has Health Insurance (%)			
Yes	77.3	75.8	76.6
No	22.7	24.2	23.4
(If Yes)			
Type of Health Insurance (%)	51	47	98
Your employer	76.5	29.8	54.1
Someone else's employer	0.0	36.2	17.3
Indian/Alaska Native health service	0.0	0.0	0.0
Medicare	7.8	10.6	9.2
Medicaid or Medical Assistance	9.8	17.0	13.3
A plan that you or someone else buys for you	5.9	4.3	5.1
The military,CHAMPUS,Tricare or the VA	0.0	0.0	0.0
(If No)			
Reason without Health Insurance (%)	15	15	30
Lost job or changed employer	6.7	0.0	3.3
Employer doesn't offer/stopped offering coverage	20.0	6.7	13.3
Became divorced or separated	0.0	6.7	3.3
Couldn't afford to pay the premiums	40.0	53.5	46.7
Lost Medicaid/Medical Assistance eligibility	6.7	13.3	10.0
Cut back to part time/or became temp employee	6.7	0.0	3.3
Became ineligible because of age/left school	6.7	0.0	3.3
Spouse or parent lost job/changed employers	0.0	0.0	0.0
Other	13.3	20.0	16.7

	Male	Female	Total
Hospital bills, Health Plan Covers (%)	51	47	98
100 % (All)	7.8	8.5	8.2
50% to 99%	84.3	85.1	84.7
1% to 49%	5.9	4.3	5.1
0%	0.0	0.0	0.0
Do not know/Not sure	2.0	2.1	2.0
Doctor's Office, Health Plan Covers (%)	51	45	96
100 % (All)	5.9	8.9	7.3
50% to 99%	84.3	82.2	83.3
1% to 49%	9.8	6.7	8.3
0%	0.0	0.0	0.0
Do not know/Not sure	0.0	2.2	1.0
In last year, could not see a doctor when needed due to costs (%)	49	44	93
	42	38	80
Has Health Insurance	85.7	86.4	86.0
	7	6	13
No Health Insurance	14.3	13.6	14.0
Saw a Doctor in town, when needed (%)	51	55	106
	40	43	83
Has Health Insurance	78.4	78.2	78.3
	11	12	23
No Health Insurance	21.6	21.8	21.7
Has a particular Medical Doctor or regular source of care (%)	66	62	128
Yes	68.2	79.0	73.4
No	27.3	19.4	23.4

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

1) Health Insurance

- 23.4% of the survey population did not have any kind of health insurance.
- The majority who reported having health insurance obtained it through their place of employment (54.1%) or through someone else's employer's health plan (17.3%).

2) Medical Care Coverage of Services

- For 84.7% of the insured, their private health care plan covered 50-99% of hospital expenses. Only 8.2% of the respondents who had medical insurance had 100% coverage of hospital costs.
- Respondents said they were without health insurance because their employer did not offer or stopped offering health coverage (13.3%), while others said they could not afford to pay the premiums (46.7%).
- 14% of the respondents who had no health insurance said there was a time within the previous 12 months when they needed to see a doctor, but could not see one because of the cost.

3) Regular Source of Health Care

- 73.4% of respondents stated that they had a particular medical doctor they usually saw.
- 78.3% of the respondents with health insurance went to a doctor “in town” when they needed medical care.
- When respondents needed health care, 76.4% went to the doctor's office and 16.5% went to the health department or community clinic.

4) Race/Ethnicity as a Health Care Barrier

Respondents were asked if they believe race or ethnicity is a barrier to receiving health services.

- 11.7% “strongly agreed” and 28.9% “agreed” that ethnicity or race was a barrier to receiving services. 30.5% “disagreed” and 6.3% “strongly disagreed.”

5) Obstacles to Obtaining Health Care

Respondents considered the following factors significant problems to obtaining health care:

- Long wait time to be seen at the doctor's office, 47.7%.
- Don’t have transportation, 44.5%.
- It cost too much/can’t afford it, 39.1%.
- Long time getting appointments, 38.3%.
- Provider does not speak their language, 35.2%.
- Treated differently because of race, 28.1%.
- Office hours are inconvenient, 29.7%.
- Providers do not understand cultural practices, 22.7%.
- Don’t trust or like doctors, 18.9%.

- Don't know where to go for help, 14.8%.

For working Hispanics/Latinos, such as those in this sample, wait times, lack of transportation, and cost were clearly their major concerns. Long time getting appointments was also a concern in this group.

Table 3.11: Lincoln County Barriers to Health Care, 2003

	66 Male	62 Female	128 Total
Source of regular Care (%)	**65**	**62**	**127**
Doctor's Office	70.8	82.3	76.4
Hospital Emergency room	0.0	0.0	0.0
Health Department or community clinic	18.5	14.5	16.5
Indian Health Service	0.0	0.0	0.0
Company Clinic	0.0	0.0	0.0
Have not been to a doctor	10.8	0.0	0.0
Other	0.0	1.6	0.8
Believe race or ethnicity is a barrier to receiving health services in your community (%)	**65**	**62**	**127**
Strongly agree	6.1	17.7	11.7
Agree	28.8	29.0	28.9
Disagree	28.8	32.3	30.5
Strongly Disagree	10.6	1.6	6.3
Don't know/Not sure	25.8	19.4	22.7
Problems getting Health Care (%)	**66**	**62**	**128**
(Multiple Response)			
It costs too much / can't afford it	31.8	46.8	39.1
Don't trust or like doctors	21.5	16.1	18.9
Provider does not speak your language	34.8	35.5	35.2
Treated differently because of your race	24.2	32.3	28.1
Don't know where to go for help	13.6	16.1	14.8
Don't have transportation	37.9	51.6	44.5
Office hours are inconvenient	33.3	25.8	29.7
Long wait time at Doctor's office	43.9	51.6	47.7
Provider doesn't understand your cultural practices	18.2	27.4	22.7
Takes too long to get appointment	39.4	37.1	38.3
Has been sick or ill during the past 12 months (%)	**66**	**62**	**128**
Yes	75.8	88.7	82.0
No	24.2	11.3	18.0

	Male	Female	Total
(If Has been sick/ill in the past 12 months = Yes)			
Source of care (%)	**50**	**55**	**105**
(Multiple Response)			
Folk Healer/Medicine Man	14.0	10.9	12.4
Psychic/Spiritualist	6.0	1.8	3.8
Medical Doctor	88.0	94.5	91.4
Chiropractor	26.0	14.5	20.0
Pharmacist (non prescription)	20.0	25.5	22.9
Hospital Emergency Room	32.0	45.5	39.0
Counselor	6.0	3.6	4.8
Family/Friend/Neighbor	38.0	65.5	52.4
Nurse/Nurse Practitioner	12.0	27.3	20.0
Church or Temple	6.0	21.8	14.3
Community Center	4.0	5.5	4.8
Which one do you typically go first (%)	**50**	**55**	**105**
(Unit Selection)			
Folk Healer/Medicine Man	0.0	0.0	0.0
Psychic/Spiritualist	2.0	0.0	1.0
Medical Doctor	82.0	85.5	83.8
Chiropractor	0.0	0.0	0.0
Pharmacist (non prescription)	8.0	0.0	3.8
Hospital Emergency Room	2.0	1.8	1.9
Counselor	0.0	0.0	0.0
Family/Friend/Neighbor	4.0	10.9	7.6
Nurse/Nurse Practitioner	0.0	0.0	0.0
Church or Temple	0.0	1.8	1.0
Community Center	0.0	0.0	0.0
Other	2.0	0.0	1
No Answer	0.0	0.0	0.0

Sources: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

6) Help Seeking Behaviors

The survey asked respondents to report places and persons from whom they had sought help for their medical problems during the previous twelve months.

- 91.4% visited a medical doctor.
- 52.4% sought the help of family member, friend, or neighbor.
- 39% went to a hospital emergency room.
- 20% went to a nurse or nurse practitioner.

- 20% saw a chiropractor.
- 14.3% sought help from a church or temple.
- 12.4% went to a folk healer, *curandero,* or medicine man.
- 4.8% went to community centers.
- 4.8% visited a counselor.
- 3.8% visited a psychic or spiritualist.

It appears that most of the non-medical sources of care were used as a supplement to rather than a substitute for the professional medical care system during the recent episode of illness.

H. COMMUNITY PROBLEMS

Respondents were asked to rate 10 different issues based on their level of importance in their community using a scale from one to five where one is not important and five is critical. They reported the following issues as critical.

- Rank 1: Transportation, 83.6%.
- Rank 2: Education, 82.8%.
- Rank 3: Employment, 78.1%.
- Rank 4: At risk youth, 74.2%.
- Rank 5: Minority representation in government, 70.3%.
- Rank 6: Housing, 69.6%.
- Rank 7: Social and recreational activities, 68.7%.
- Rank 8: Discrimination, 68%.
- Rank 9: Crime and violence, 65.6%.
- Rank 10: Health (including environmental health), 62.5%.

Table 3.12: Lincoln County Community Problems, 2003

	66 Male	62 Female	n Total		Male	Female	Total
Perceived Degree of Concern							
					66	62	128
Housing (%)				***Employment*** (%)			
Not Important	0.0	3.2	1.6	Not Important	0.0	1.6	0.8
Important	33.4	22.6	28.1	Important	27.3	12.9	20.3
Critical/Very Important	66.7	72.6	69.6	Critical/Very Important	72.7	83.9	78.1
Don't know/Refused	0.0	1.6	0.8	Don't know/Refused	0.0	1.6	0.8
Health (including environment health) (%)				***Crime/Violence*** (%)			
Not Important	1.5	3.2	2.3	Not Important	0.0	0.0	0.0
Important	36.4	24.2	30.5	Important	21.3	12.9	17.2
Critical/Very Important	56.0	69.3	62.5	Critical/Very Important	57.6	74.2	65.6
Don't know/Refused	6.1	3.2	4.7	Don't know/Refused	21.2	12.9	17.2
Social/recreational activities (%)				***Minority representation in government*** (%)			
Not Important	1.5	3.2	2.3	Not Important	6.1	3.2	4.7
Important	25.7	27.4	26.6	Important	18.2	24.2	21.1
Critical/Very Important	68.2	69.3	68.7	Critical/Very Important	72.7	67.8	70.3
Don't know/Refused	4.5	0.0	2.3	Don't know/Refused	3.0	4.8	3.9
Education (%)				***Transportation*** (%)			
Not Important	3.0	1.6	2.3	Not Important	0.0	1.6	0.8
Important	18.2	9.7	14.1	Important	18.2	9.7	14.1
Critical/Very Important	77.3	88.7	82.8	Critical/Very Important	78.7	88.7	83.6
Don't know/Refused	1.5	0.0	0.8	Don't know/Refused	3.0	0.0	1.6
Discrimination (%)				***At risk youth*** (%)			
Not Important	3.0	1.6	2.3	Not Important	3.0	3.2	3.1
Important	30.3	29.0	29.7	Important	15.1	8.0	11.7
Critical/Very Important	66.7	69.4	68.0	Critical/Very Important	72.7	75.8	74.2
Don't know/Refused	0.0	0.0	0.0	Don't know/Refused	9.1	12.9	10.9

Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

I. WORKPLACE HEALTH CONCERNS/HUMAN RIGHTS

Work can affect an individual's physical and mental health. Respondents were asked to answer two questions related to health issues at work. They were first asked whether they had ever experienced poor working conditions in Nebraska. The second question asked them to identify the type of work they were doing when they experienced these poor working conditions. Their responses were ranked based on frequency among the respondents who worked in Nebraska. The following are issues mentioned, ranked according to importance.

- Rank 1: Inadequate bathroom/water breaks, 39.5%.
- Rank 2: Inadequate training or poor supervision, 36%.
- Rank 3: No easy access to drinking water, 36%.
- Rank 4: Inadequate equipment available, 34.2%.

- Rank 5: Verbal abuse, 33.3%.
- Rank 6: Inadequate medical attention, 31.6%.
- Rank 7: Asked to take unnecessary risks, 29.8%.
- Rank 8: Have been cheated in pay, 26.3%.
- Rank 9: Poor air quality, 18.4%.

These experiences occurred while respondents were employed in meatpacking plants (17.9%), construction jobs (28.3%), field work (15.1%), non-meatpacking factories (11.3%), professional settings (1.9%), and other types of job settings (52.8%).

Table 3.13: Lincoln County Community & Workplace Concerns, 2003

	66 Male	62 Female	128 Total
Workplace			
	66	**62**	**128**
People who ever worked in Nebraska (%)	100.0	78.7	89.8
Ever experienced the following concerns in the workplace (%)	**66**	**48**	**114**
(Multiple Responses Allowed)			
Inadequate bathroom/water breaks	39.4	39.6	39.5
No easy access to drinking water	42.4	27.1	36.0
Poor air quality	19.7	16.7	18.4
Inadequate equipment available	36.4	31.3	34.2
Inadequate medical attention if injured	34.8	27.1	31.6
Physical abuse	21.2	25.0	22.8
Inadequate training/supervisors	34.8	37.5	36.0
Verbal abuse	33.3	33.3	33.3
Asked to take unnecessary risks	25.8	35.4	29.8
Have been cheated in pay	24.2	29.2	26.3
Other	15.4	31.9	22.3

	Male	Female	Total
Type of work where these experiences occurred (%)	**60**	**45**	**105**
(Multiple Responses Allowed)			
Professional	0.0	4.3	1.9
Construction	50.0	0.0	28.3
Meatpacking	26.7	6.5	17.9
Factory (other than meatpacking)	8.3	15.2	11.3
Field work (agriculture)	15.0	15.2	15.1
Other	43.3	65.2	52.8
Preferred language to communicate in when discussing issues of:			
School (%)	**66**	**62**	**128**
English	47.0	30.6	39.1
Spanish	39.4	77.0	44.5
Spanish/English	13.6	8.0	16.4
	66	**61**	**127**
English	39.4	27.9	33.9
Spanish	47.0	52.5	49.6
Spanish/English	13.6	19.7	16.5

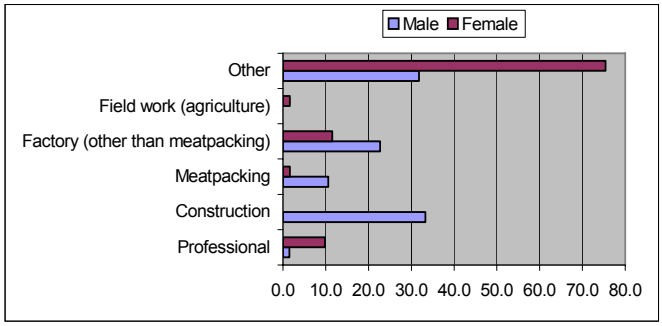
Source: Nebraska Department of Health and Human Services - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

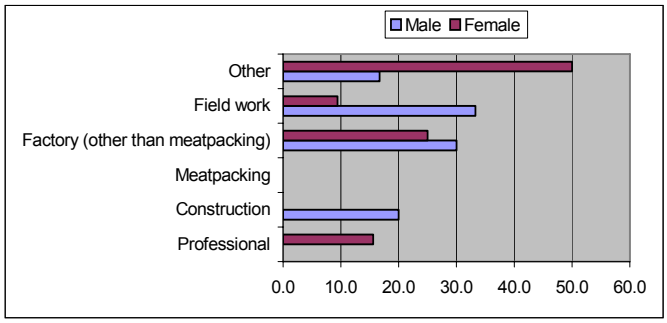
J. CHAPTER SUMMARY

This chapter summarized findings based on the Lincoln County MBRFSS. Specifically, this chapter including findings regarding the characteristics of the sample population, their health status, use of preventive health services and their barriers in accessing the health and medical care system. Finally, the chapter summarized the findings about respondents concerns regarding community issues and work environment.

Table 3.14: Lincoln County Immigrant Respondents, Current US Job, & Previous Type of Work in Country of Origin, 2003

	66 Male	62 Female	128 Total
Born in the USA			
Yes	53.0	48.4	50.8
No	47.0	51.6	49.2
No Answer	0.0	0.0	0.0
Current Type of Work in USA (%)	**66**	**61**	**127**
Professional	1.5	9.8	5.5
Construction	33.3	0.0	17.3
Meatpacking	10.6	1.6	6.3
Factory (other than meatpacking)	22.7	11.5	17.3
Field work (agriculture)	0.0	1.6	0.8
Other	31.8	75.4	52.8
Previous Type of Work in Country of Origin (%)			
(If not born in the USA)	**30**	**32**	**62**
Professional	0.0	15.6	8.1
Construction	20.0	0.0	9.7
Meatpacking	0.0	0.0	0.0
Factory (other than meatpacking)	30.0	25.0	27.4
Field work	33.3	9.4	21.0
Other	16.7	50.0	33.9





Source: Nebraska Health and Human Services System - Minority Behavioral Risk Factor Survey, 2003
University of Illinois at Chicago – Midwest Latino Health Research, Training and Policy Center, 2004

CHAPTER IV: CONCLUSIONS & RECOMMENDATIONS

[Note: Caution is needed in the interpretation of the prevalence data as the study population included persons 18 years of age and over, and utilized a stratified sampling methodology.]

- Lincoln County experienced a rapidly growing minority population, particularly of Hispanics/Latinos.
- The survey population in Lincoln County consisted of middle aged adults with an average age of 39.8.
- The health of the survey population in Lincoln County varied by gender and by specific health risk factor and/or health condition and serious health disparities exist.

AREAS OF DISPARITY

Health Status

- Poor health. The health of Lincoln County's population was poor, reflected in the prevalence of high blood cholesterol (32.8%), high blood pressure (21.1%), sore joints (27.3%), and diabetes (16.5%).
- A high percentage of the respondents (82%) reported an episode of illness in the previous 12 months.
- 39% of those who had an episode of illness in the previous year used the hospital emergency room for treatment. The high use of the emergency room may be related to the fact that only 73.4% of the respondents reported a regular source of medical care or medical doctor, and that a number of other barriers were reported in accessing the medical care system.
- 13.4% of respondents had school-aged children with asthma.
- The results of the self-perceived health status reinforced this finding as 38.3% reported their health as "fair/poor."

Health Promotion & Lifestyle Practices

- Obesity. 75.8% of the survey population were either overweight or obese, based on the BMI. The data indicates that there may have been a large proportion of the Hispanic population in Lincoln County in need of weight management programs.
- Physical Activity. 50.8% reported no physical activity in the previous month. Overweight and obesity are associated with the limited physical activity reported by the population.

- Seatbelt Use. There was limited use of seatbelts while driving. The findings indicate that only 38.4% of the respondents were "always" using seatbelts while driving, and 50% were "always" using child safety seats for their children under five.
- Tobacco Products and Alcohol Use. 39.1% of respondents reported using tobacco products, and 37.5% drank alcohol. The respondents who used tobacco products reported starting its use, on average, by the age of 15.2 years. The mean age for starting the use of alcohol once per week was 17.6.
- Basic Knowledge of HIV/AIDS. HIV/AIDS information was high but many persons had misconceptions about modes of transmission.
- Work Environment. Worksite comfort and safety was a major concern given Latino employment in the meatpacking, construction, and factory sectors.

Use of Preventive Health Services

- 58.6% of the respondents reported having a doctor's visit for a routine check up.
- 41.4% reported seeing an eye doctor.
- 55.5% reported seeing a dentist.
- 60.2% had their blood pressure checked.

Access to Health Care

- Due to financial, linguistic, cultural, and institutional barriers; respondents in the survey generally were not accessing the health care system for the use of preventive services (e.g., physical exam, dental and eye care, etc) or for the treatment of illnesses or chronic conditions, to the degree recommended.
- The rate of uninsured in this population was high (23.4%). This could represent a serious financial barrier in accessing health services. The lack of health insurance coverage could be due to a number of factors such as position in the labor force, recent unemployment episodes, and the inability of spouses to add coverage for their family members because of low income.
- Compared to other areas, a significant number of respondents did not have a regular health care provider (or a regular source of health care). As a result, they tended to use the hospital emergency room during episodes of illnesses either for primary or urgent care.
- Race or ethnicity was perceived as a serious barrier in accessing health care. This problem was reinforced by the fact that 68% of all respondents perceived social discrimination in general as a critical

or very important problem in their community, and 40.6% believed that race or ethnicity was a barrier to receiving health services in the community.

- Most respondents (83.6%) reported that transportation was a critical or very important community problem. Transportation appeared to also be a problem in accessing health services, as 44.5% reported not being able to go to the doctor due to lack of transportation.
- Respondents reported a host of cultural, linguistic, and systemic barriers in accessing health services that can also explain the relatively low use of preventive health services.

RECOMMENDATIONS

- To reduce health disparities, it is important to improve the general levels of education and income, ensure a better distribution of resources and services, and develop mechanisms for preventive care, particularly for young and middle age adults. For this to happen, public and private sector representatives of health and human service agencies must work closely with other key organizations such as the departments of education, housing, economic development, and the environment. These partners are in a position to develop a comprehensive approach to eliminate health disparities and improve the general well-being and quality of life for all in Nebraska.
- Mass screening programs for the early detection of health problems including diabetes, hypertension, high cholesterol, and other health conditions are needed. More outreach efforts using trained community health workers are needed to address the high percentage of the population reporting that they had not been screened for these conditions for many years. Screening activities must be linked to follow up services.
- There is a need to develop partnerships with community based health and human service organizations; which include faith communities, labor unions, and businesses. These partnerships need to implement wellness programs that stress personal responsibility in changing lifestyle practices, in addition to developing a comprehensive approach to produce system changes. NHHSS needs to obtain the cooperation of institutions and organizations including the business sector to work in a coordinated effort to produce the necessary changes that impact community norms and values regarding healthy eating, physical activity, and other health-related behaviors. Programs also have to be family oriented, with active participation of community residents, and with appropriate language and culturally appropriate educational materials.

- There is a need to reinforce preventive measures that discourage the use of alcohol and tobacco. In Lincoln County, alcohol and tobacco use tends to begin in late adolescence. There is a need to expand current efforts with more financial resources that include massive campaigns with ethnic media to prevent the initiation and encourage the cessation of tobacco and alcohol use and abuse among young people. This effort must be combined with law enforcement activities to eliminate the selling of alcohol and tobacco to minors.
- Efforts are needed to increase community knowledge and awareness about the importance of using car seatbelts for respondents and their families, and to adhere to laws concerning child safety seats for children under five years of age. Multilingual, low literacy approaches integrating workplace, community, home, and transportation would be appropriate. Part of this campaign should be to educate the community about issues of drinking and driving.
- The Nebraska Health and Human Services System needs to work closely with other government agencies (e.g., environmental health, civil rights, and others) and the business sector regarding the safety issues reported in the workplace.

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